



Annual Report of Operations
for Year 2021

**To comply with NPDES General Permit No. WAG130000 for Federal
Aquaculture Facilities and Aquaculture Facilities Located in Indian Country
within the Boundaries of the State of Washington**

NPDES # for your Facility:

WAG-13 0029

Facility & Owner Information

Facility Name: Kalama Creek Fish Hatchery	
Operator Name (Permittee): Nisqually Tribe	
Address: 12501 Yelm Highway SE, Olympia, WA 98513	
Email: stjean.william@nisqually-nsn.gov	Phone: (360) 438-8742
Owner Name (if different from operator):	
Email: Phone: (360) 753-940	

Best Management Practices (BMP) Plan

Yes ☐

Yes ☐

No changes made to BMP.

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Operations and Production

Total harvestable weight produced in the past calendar year in pounds (lbs):

Pounds of food fed to fish during the maximum month:

List the species grown or held at your facility and the annual production of each in gross harvestable weight. If fish were released rather than harvested, list the weight at time of release.

[illegible]

Fill in the table below with production numbers from the past year. List the **maximum** amount of fish on-site and the maximum amount of food fed **per month**.

Month	Total Fish (lbs)	Fish Feed (lbs)	Month	Total Fish (lbs)	Fish Feed (lbs)
January			July	583	349
February			August	700	420
March			September	875	531
April			October	1166	699
May			November	1590	954
June			December	2333	690

Additional Comments: feeding reduced in December.

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Solid Waste Disposal

Describe the solid waste disposed of during the calendar year (including fish mortalities).

Type of Solid Disposed	Date Disposed	Location Disposed
Fish waste (excrement and food)	Aug,16, 2021	Upland disposal site.

Additional Comments:

Fish Mortalities

Include a description and the dates of mass mortalities in the past year (more than 5% per week). Attach additional pages, if necessary. Include total mortalities from all causes.

Date	Cause of Deaths	Steps Taken to Correct Problem	Pounds of Fish
Additional Comments: Kalama creek experienced no mass mortalities			

Noncompliance Summary

Include a description and the dates of noncompliance events (including spills), the reasons for the incidents, and the steps taken to correct the problems. Attach additional pages, if necessary.

9/20,10/20,11/20 late reporting due to closures of tribal facilities with the pandemic outbreak.

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Aquaculture Drugs and Chemicals

Please indicate whether you used each drug/chemical during the past calendar year.

Describe the use of each drug/chemical in more detail on the following pages.

Used in the past year?	Drug or Chemical
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Azithromycin
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Chloramine-T: <i>See additional reporting requirements on page 7</i>
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Chlorine
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Draxxin
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Erythromycin – injectable
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Erythromycin - medicated feed
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Florfenicol (Aquaflor)
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Formalin - 37% formaldehyde: <i>See additional reporting requirements on page 7</i>
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Herbicide - describe:
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Hormone - describe:
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Hydrogen Peroxide: <i>See additional reporting requirements on page 7</i>
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Iodine: <i>See additional reporting requirements on page 7</i>
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Oxytetracycline

<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Potassium Permanganate: <i>See additional reporting requirements on page 7</i>
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Romet
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	SLICE (emamectin benzoate)
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Sodium Chloride - salt
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Vibrio vaccine
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Other:
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Other:

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Aquaculture Drugs and Chemicals (cont'd)

Describe all drug and/or chemical treatments that occurred during the year. Fill out the information below for each drug or chemical, plus page 7 for water-borne treatments. Attach additional pages as necessary.

Brand Name: parasite-s		Generic Name: Formalin	
Reason for use: The treatment of eggs for fungus.			
<input type="checkbox"/> Preventative/Prophylactic <input type="checkbox"/> As-needed	Total quantity of formulated product per treatment (specify units): 6840ml	Total quantity of formulated product used in past year (specify units): 47 gallons	
Date(s) of treatment: 9/24/2020 - 11/19/2020			Total number of treatments in past year: 33
Maximum daily volume of treated water: 125 gpm	Treatment concentration (specify units): 1667ppm	Duration and frequency of treatment(s): Ever other day	
Method of application: <input type="checkbox"/> Static Bath <div style="display: flex; justify-content: space-around;"> <input type="checkbox"/> Flow-through <input type="checkbox"/> Medicated Feed </div> <input type="checkbox"/> Other (describe):			

Location in facility chemical was used (check all that apply):	<div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> Raceways <input type="checkbox"/> Incubation building </div> <div> <input type="checkbox"/> Ponds <input type="checkbox"/> Off-line settling basin </div> <div> <input type="checkbox"/> Other (describe): </div> </div>
Where did water treated with this chemical go? (check all that apply):	<div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> Discharged w/o treatment <input type="checkbox"/> Settling basin </div> <div> <input type="checkbox"/> Septic System <input type="checkbox"/> Publicly owned treatment works </div> <div> <input type="checkbox"/> Other (describe): </div> </div>
Provide any additional information about how this chemical was used and/or special pollution prevention practices during use:	

Brand Name:		Generic Name:	
Reason for use:			
<input type="checkbox"/> Preventative/Prophylactic <input type="checkbox"/> As-needed	Total quantity of formulated product per treatment:	Total quantity of formulated product used in past year (specify units):	
Date(s) of treatment:			Total number of treatments in past year:
Maximum daily volume of treated water:	Treatment concentration (specify units):	Duration and frequency of treatment(s):	
Method of application: <div style="display: flex; justify-content: space-between; margin-top: 5px;"> <div> <input type="checkbox"/> Static Bath <input type="checkbox"/> Medicated Feed <input type="checkbox"/> Flow-through <input type="checkbox"/> Other (describe): </div> </div>			
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Provide any additional information about how this chemical was used and/or special pollution prevention practices during use:

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Aquaculture Drugs and Chemicals (cont'd)

Additional Reporting Requirements for Water-Borne Treatments

- If a water-borne treatment was used during the calendar year, Permittees must include detailed records/calculations as an attachment to this Annual Report in order to demonstrate how the maximum effluent concentrations of solution and active ingredient were calculated for each chemical.
- EPA recognizes that water-borne treatments may vary in the volume of the vessels treated, concentration, quantity of product, etc. Permittees must provide the information listed in the following tables for a reasonable worst case (i.e., maximum effluent concentration) scenario, not for each individual treatment.
- Permittees must submit this information and calculate the maximum effluent concentration for each water-borne chemical used during the past calendar year. · See also Appendix D for the Chemical Log Sheet.

Static Bath Treatments	
Tank Volume	
Desired Static Bath Treatment Concentration	
Volume of Product Needed	
Maximum Effluent Concentration of: 1) Solution and 2) Active Ingredient	
Minimum Volume of Total (treated + untreated) Water Discharged from the Facility per day	
Maximum % of Facility Discharge Treated	

Flow-Through Treatments	
Tank Volume	

Calculated Flow Rate	
Duration of Treatment	
Desired Flow-Through Treatment Concentration of Product	
Amount of Product to Add Initially	
Amount of Product to Add During Treatment	
Total Volume of Product Needed	
Maximum Effluent Concentration of: 1) Solution and 2) Active Ingredient	
Minimum Volume of Total (treated + untreated) Water Discharged from the Facility per day	
Maximum % of Facility Discharge Treated	

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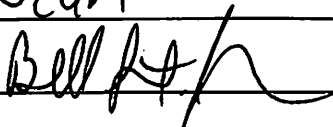
Changes to the Facility or Operations

Describe any changes to the facility or operations since the last annual report.

Do to future renovations of this facility we did not take any eggs for production this year. The only fish on station this year were yearling Coho.

Signature and Certification

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly evaluate and gather the information submitted. Based on my inquiry of the person or persons, who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

Printed name of person signing	Title
Bill St. Jean	Enhancement Program Mgr.
Applicant Signature 	Date Signed 1-18-22

Submittal Information

Send the complete, signed information, along with any attachments, to the following address:

U.S. EPA Region 10, OWW-191

Washington Hatchery Annual Report

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Seattle, WA 98101-3140